

APPLICATION TO AMEND THE ZONING MAP OF: ___ Albany, Georgia ___ Dougherty County, Georgia

Name of property ov	vner(s):		
Mailing address:	. .		
City:	_State:	Zip code:	Telephone:
Name of applicant:_			
Mailing address:			
City:	State:	Zip code:	Telephone:
Zoning Classificati	on:		
Present zoning distric	ct		Current use:
Proposed zoning dist	rict		Current use: Proposed use:
rather than p A copy of the Authorization the same). A plat showin existing build or smaller. Fo An 8" x 11" s A disclosure o Filing fees sh	al description lat reference deed verification by property ing property ings, north or larger pla ize map of of campaign ould be pai	on of the property ce. ying ownership stay owner form (if lines with lengths arrow and scale ats, submit twenty the area (The man of contributions ared when submittin	the property owner and applicant are not as and bearings, adjoining streets, locations of (submit one copy of the plat if it is 11" x 17" by copies). ap should be the same as the larger map).
This application must be filed by the 10th of the month to be considered for the Planning Commission meeting of the following month.			
premises of the above required by law. I also	ve described so hereby d	d property and to lepose and say th	Services Department staff to inspect the place a public notice sign on the premises as hat all statements herein, and attached the best of my knowledge and belief.
Sworn to and subscribed before me thisday of, 20			
Signature of applicar	nt:		
Notary Public:			My commission expires:
(Staff use)			
Posting fee:	Dat	te paid:	Receipt: